



# MISSOURI

## DIVISION OF MEDICAL SERVICES

Volume 26 Number 2

<http://www.dss.mo.gov/dms>

December 30, 2003

### DME BULLETIN

**Provider Bulletin News:** Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. <http://www.dss.mo.gov/dms/pages/bulletins.htm>  
Please note new website address.

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

**Missouri Medicaid News:** Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

Table of Contents	Page
MC+ MANAGED CARE .....	1
2004 HCPCS AND HIPAA CHANGES .....	2
ORTHOTIC REIMBURSEMENT CHANGES .....	2
INSULIN PUMP ADDITIONS .....	2
NEW MODIFIER FOR NUTRITION.....	2
VENTILATOR BACKUP MODIFIER ADDED .....	2
DELETED CODES.....	2
REPAIR OF EQUIPMENT .....	3
SHOES FOR DIABETIC PATIENTS .....	3
QUANTITY LIMITATIONS .....	4
CHEST WALL OSCILLATION DEVICES .....	4
ATTACHMENT A.....	6
ATTACHMENT B.....	7
ATTACHMENT C.....	8
ATTACHMENT D.....	9
ATTACHMENT E.....	17

### MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

**2004 HCPCS AND HIPAA CHANGES**

As of January 1, 2004, the 2004 version of the Health Care Procedure Coding System (HCPCS), and the remaining HIPAA changes will be implemented.

Providers may begin billing the 2004 covered HCPCS codes for dates of service on or after January 1, 2004. Changes which occurred as a result of the HCPCS update or HIPAA implementation include, additions, deletions and replacement (crosswalk) of procedure codes. See Attachments A through E for addition and replacement codes.

Type of service must not be included on any type of claim submission on or after October 16, 2003 regardless of the date of service being billed.

If there is a Medical Necessity (MN), Oxygen and Respiratory Equipment Medical Justification (OREMJ) form, or Prior Authorization (PA), under the A, T or O types of service, providers must still use the new code and/or modifier to bill the item that was approved. Providers do not have to submit a change request to correct the approved PA or submit a new attachment.

**ORTHOTIC REIMBURSEMENT CHANGES**

Effective January 1, 2004, the reimbursement amount for codes L0488, L0486 and L0490 will be changed to the first quarter 2004 Medicare allowable.

**INSULIN PUMP ADDITIONS**

Two additional codes have been added for billing, A6257 – tegaderm dressing and A5119 skin prep wipes. These codes were added with an effective date of October 16, 2003. Effective January 1, 2004, HCPCS code K0552 - syringe type cartridge, sterile each has been added.

**NEW MODIFIER FOR NUTRITION**

Effective January 1, 2004, the modifier BO has been added to the new HCPCS codes for nutrition. Providers must use the BO modifier when billing for nutrition that is administered orally. The BA modifier is used when the nutrition is administered via pump or gravity.

**VENTILATOR BACKUP MODIFIER ADDED**

Effective January 1, 2004, Ventilator back up E0450 50 has been replaced with E0450 TW. Providers do not have to submit a correction to correct the Prior Authorization, but must remember to bill using the new code.

**DELETED CODES**

Effective January 1, 2004, the following codes will no longer be valid. These codes have **not** been cross-walked to another code. A new code will need to be selected and the proper attachment submitted, if required.

A4214 – Sterile Saline or Water  
A4319 – Sterile Water Irrigation Solution  
A4323 – Sterile Saline Irrigation Solution  
A4621 – Tracheostomy Mask or Collar

A4622 – Tracheostomy or Laryngectomy Tube

E1065 – Power Attachment (to convert any wheelchair to motorized wheelchair)

Y9088 – Enrich

Z0992 – Clothing Guard

### **REPAIR OF EQUIPMENT**

The Level III code Z0150, Type of Service 0 – hourly rate has been changed to E1340 – Repair or Non routine service for DME requiring the skill of a technician, labor component, per 15 minutes. The reimbursement of \$27.00 per hour has been changed to \$6.75 per 15 minutes. For example, if the amount of time it takes to repair an item is one hour, 4 units of service must be billed. An explanation of the amount of time must be stated on the Medical Necessity form. Level III code Z0160 Repair, Replace minor parts will continue to be used to bill for repairs for those codes that do not have a RP modifier. Providers should continue to use the specific code of the item being repaired, using the modifier RP.

### **SHOES FOR DIABETIC PATIENTS**

Shoes, inserts, additions, and/or modifications to shoes are covered only if the following criteria are met:

1. The recipient has a diagnosis of 250.00 through 250.93, 648.80 and 648.83.
2. The patient has one or more of the following conditions:
  - a. Previous amputation; or
  - b. History of previous foot ulceration of either foot; or
  - c. History of pre-ulcerative calluses of either foot; or
  - d. Peripheral neuropathy with evidence of callus formation of either foot; or
  - e. Foot deformity of either foot; or
  - f. Poor circulation in either foot; and
3. The physician who is managing the recipient's systemic diabetes condition has certified that indications 1 and 2 are met and that he/she is treating the recipient under a comprehensive plan of care for their diabetes and that the recipient needs diabetic shoes.

For patients meeting the above criteria, coverage is limited to one of the following within one year from initial date of purchase.

1. One pair of custom molded shoes (A5501), which includes inserts, and 2 additional pairs of inserts (A5509 or A5511); or
2. One pair of depth shoes (A5500) and 3 pairs of inserts (A5509 or A5511) (not including the non-customized removable inserts provided with such shoes).

Separate inserts may be covered independently of diabetic shoes if the provider of the shoes verifies in writing on the Medical Necessity form that the recipient has appropriate footwear into which the insert can be placed.

Items represented by code A5510 reflect compression molding to the recipient's foot over time through the heat and pressure generated by wearing a shoe with the insert present. Since these inserts are not considered total contact at the time of dispensing, they do not meet the requirements and will be denied as non-covered.

Inserts used in non-covered shoes are non-covered.

A custom molded shoe A5501 is covered when the patient has a foot deformity that cannot be accommodated by a depth shoe. The nature and severity of the deformity must be documented on the Medical Necessity form. A modification of a custom molded or depth shoe will be covered as a substitute for an insert.

Deluxe features of diabetic shoes A5508 are considered on a case-by-case basis and require Prior Authorization. The provider must document the need for this type of shoe. An invoice showing the provider's cost must be submitted with the Prior Authorization form.

### **QUANTITY LIMITATIONS**

Effective January 1, 2004, quantity limitations have been set for the following list of HCPCS codes covered under the DME program. For quantities in excess of the allowed amount, justification from the physician in letter form must be submitted along with the claim. Following is the list of codes:

<b>A4310</b>	1 per month	<b>A4346</b>	1 per month
<b>A4311</b>	1 per month	<b>A4354</b>	1 per month
<b>A4312</b>	1 per month	<b>A4356</b>	1 per 3 months
<b>A4313</b>	1 per month	<b>A4357</b>	1 per 2 months
<b>A4314</b>	1 per month	<b>A4358</b>	1 per 2 months
<b>A4315</b>	1 per month	<b>A4402</b>	8 per month
<b>A4316</b>	1 per month	<b>A4450</b>	10 per month
<b>A4324</b>	35 per month	<b>A4452</b>	10 per month
<b>A4325</b>	35 per month	<b>A5102</b>	1 every 3 months
<b>A4327</b>	1 per 7 days	<b>A5112</b>	1 per month
<b>A4328</b>	1 per day	<b>A5131</b>	1 per month
<b>A4333</b>	3 per 7 days	<b>A4622</b>	2 per month
<b>A4334</b>	1 per month	<b>A4623</b>	2 per month
<b>A4338</b>	1 per month	<b>A4625</b>	1 per day
<b>A4340</b>	1 per month	<b>A4629</b>	1 per day
<b>A4344</b>	1 per month		

### **CHEST WALL OSCILLATION DEVICES**

High frequency chest wall oscillation devices (E0483) are covered for patients who meet either criteria 1 or 2 **and** criteria 3 listed below. This procedure code is an HCY code and is only covered for recipients age 20 and under. Requests for recipients 21 and over must be submitted to the Exception Process Unit. Please refer to Section 20 of the DME manual for the Exception Process guidelines.

1. There is a diagnosis of cystic fibrosis (277.00, 277.02).
2. There is a diagnosis of bronchiectasis, (011.50-011.56, 494.0, 494.1, 748.61), (a) characterized by daily productive cough for at least 6 continuous, months or, frequent (i.e. more than 2/year) exacerbations requiring antibiotic therapy, and (b) confirmed by high resolution or spiral CT scan.
3. There must be **well-documented** failure of standard treatments to adequately mobilize retained secretions.

Requests for any diagnosis other than the ones listed above will be denied.

The allowed amount for E0483 will be manually priced at the provider's cost plus 20%. If the information submitted justifies a trial use of this device, the Prior Authorization request will be approved as rental. If at the end of the rental period, it is determined that the device can be purchased, all rental payments will be deducted from the allowed purchase price.

**Provider Communications**

**(800) 392-0938**  
**or**  
**(573) 751-2896**

ATTACHMENT A**Augmentative Communication Devices**

<b>Procedure Code Deleted</b>	<b>Replacement Codes</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
Y9047	E1902	A	PA, AER	MP
	E2500	T	PA, AER	MP
	E2502	0	MN	MP
	E2504			
	E2506			
	E2508			
	E2510			
Y9048	E2511	A	PA, AER	MP
	E2512	T	PA, AER	MP
	E2599	0	MN	MP

PA = Prior Authorization  
AER = Augmentative Evaluation Report  
MN = Medical Necessity  
MP = Manually Priced

ATTACHMENT B

**Oxygen and Respiratory  
ADDITIONS**

<b>Procedure Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
E0482	A T	PA, IOC	MP
E0483	A T	PA, IOC	MP

**CROSSWALKED**

<b>Procedure Code(s) Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
E0441 E0443 Z6012	S8120	A	OREMJ	\$1.50 1 unit = 1 cubic ft.
E0442 E0444	S8121	A	OREMJ	\$0.11 1 unit = 1 pound
*E0425	E0424	T	OREMJ	\$39.90
*E0430	E0431	T	OREMJ	\$30.40
*E0435	E0434	T	OREMJ	\$56.50
*E0440	E0439	T	OREMJ	\$85.50
E0450 52	E0450 TW	T	PA	\$412.50
K0532	E0470	T	PA; Sleep Study	\$268.00
K0533	E0471	T	PA	\$597.00

\* Contents not included in monthly allowed rental amount.

**IOC = Invoice of Cost**  
**MP = Manually Priced**  
**OREMJ = Oxygen and Respiratory Equipment Justification Form**  
**PA = Prior Authorization**

ATTACHMENT C**Ostomy****ADDITIONS**

<b>Procedure Code</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A4366	Invoice of Cost	MP

**CROSSWALKED**

<b>Procedure Code Deleted</b>	<b>Replacement Code</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
K0581	A4416		\$2.75
K0582	A4417		\$3.72
K0583	A4418		\$1.81
K0584	A4419		\$1.74
K0585	A4420	Invoice of Cost	MP
K0586	A4423	Invoice of Cost	MP
K0587	A4424		\$4.75
K0588	A4425		\$3.58
K0589	A4426		\$2.36
K0590	A4427	Invoice of Cost	MP
K0591	A4428		\$6.51
K0592	A4429		\$7.52
K0593	A4430		\$8.52
K0594	A4431		\$5.08
K0595	A4432		\$3.59
K0596	A4433		\$3.34
K0597	A4434		\$3.76

MP = Manually Priced



ATTACHMENT D

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A4206	A4206 EP	A	Medical Necessity & Invoice of Cost	MP
A4207	A4207 EP	A	Medical Necessity & Invoice of Cost	MP
A4208	A4208 EP	A	Medical Necessity & Invoice of Cost	MP
A4209	A4209 EP	A	Medical Necessity & Invoice of Cost	MP
A4211	A4211 EP	A	Prior Authorization & Invoice of Cost	MP
A4212	A4212 EP	A	Medical Necessity & Invoice of Cost	MP
A4213	A4213 EP	A	Medical Necessity & Invoice of Cost	MP
A4215	A4215 EP	A	Medical Necessity & Invoice of Cost	MP
A4310	A4310 EP	A	Medical Necessity	\$7.72
A4311	A4311 EP	A	Medical Necessity	\$12.61
A4312	A4312 EP	A	Medical Necessity	\$18.04
A4313	A4313 EP	A	Medical Necessity	\$18.52
A4314	A4314 EP	A	Medical Necessity	\$25.29
A4315	A4315 EP	A	Medical Necessity	\$26.39
A4316	A4316 EP	A	Medical Necessity	\$28.40
A4320	A4320 EP	A	Medical Necessity	\$5.00
A4322	A4322 EP	A	Medical Necessity	\$3.04
A4324	A4324 EP	A	Medical Necessity	\$2.17
A4325	A4325 EP	A	Medical Necessity	\$1.80
A4326	A4326 EP	A	Medical Necessity	\$9.17
A4327	A4327 EP	A	Medical Necessity	\$44.49
A4328	A4328 EP	A	Medical Necessity	\$10.45
A4330	A4330 EP	A	Medical Necessity	\$7.15
A4332	A4332 EP	A	Medical Necessity	\$0.12
A4333	A4333 EP	A	Medical Necessity	\$2.20
A4334	A4334 EP	A	Medical Necessity	\$4.93
A4335	A4335 EP	A	Medical Necessity & Invoice of Cost	MP
A4338	A4338 EP	A	Medical Necessity	\$12.26
A4340	A4340 EP	A	Medical Necessity	\$29.08
A4344	A4344 EP	A	Medical Necessity	\$14.50
A4346	A4346 EP	A	Medical Necessity	\$16.65
A4347	A4347 EP	A	Medical Necessity	\$19.29
A4348	A4348 EP	A	Medical Necessity	\$27.83
A4351	A4351 EP	A	Medical Necessity	\$1.81
A4352	A4352 EP	A	Medical Necessity	\$6.42
A4354	A4354 EP	A	Medical Necessity	\$11.80
A4355	A4355 EP	A	Medical Necessity	\$8.82
A4356	A4356 EP	A	Medical Necessity	\$45.63
A4357	A4357 EP	A	Medical Necessity	\$9.70
A4358	A4358 EP	A	Medical Necessity	\$5.71
A4359	A4359 EP	A	Medical Necessity	\$30.63

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A4465	A4465 EP	A	Medical Necessity & Invoice of Cost	MP
A4480	A4480 EP	A	Medical Necessity & Invoice of Cost	MP
A4481	A4481 EP	A	Medical Necessity	\$0.38
A4521	A4521 EP	A	Prior Authorization	\$0.50
A4522	A4522 EP	A	Prior Authorization	\$0.50
A4523	A4523 EP	A	Prior Authorization	\$0.50
A4524	A4524 EP	A	Prior Authorization	\$0.50
A4525	A4525 EP	A	Prior Authorization	\$0.50
A4526	A4526 EP	A	Prior Authorization	\$0.50
A4527	A4527 EP	A	Prior Authorization	\$0.50
A4528	A4528 EP	A	Prior Authorization	\$0.50
A4529	A4529 EP	A	Prior Authorization	\$0.50
A4530	A4530 EP	A	Prior Authorization	\$0.50
A4531	A4531 EP	A	Prior Authorization	\$0.50
A4532	A4532 EP	A	Prior Authorization	\$0.50
A4533	A4533 EP	A	Prior Authorization	\$0.50
A4534	A4534 EP	A	Prior Authorization	\$0.50
A4537	A4537 EP	A	Prior Authorization & Invoice of Cost	MP
A4550	A4550 EP	A	Medical Necessity & Invoice of Cost	MP
A4554	A4554 EP	A	Prior Authorization & Invoice of Cost	\$0.50
A4614	A4614 EP	A	Medical Necessity	\$19.00
A4621	A7525 EP	A	Medical Necessity & Invoice of Cost	\$2.11
A4621	A7526 EP	A	Medical Necessity & Invoice of Cost	MP
A4622	A7520 EP	A	Medical Necessity & Invoice of Cost	MP
A4622	A7521 EP	A	Medical Necessity & Invoice of Cost	MP
A4622	A7522 EP	A	Medical Necessity & Invoice of Cost	MP
A4623	A4623 EP	A	Medical Necessity	\$5.92
A4624	A4624 EP	A	Medical Necessity	\$2.63
A4625	A4625 EP	A	Medical Necessity	\$5.89
A4626	A4626 EP	A	Medical Necessity	\$2.71
A4627	A4627 EP	A	Medical Necessity & Invoice of Cost	MP
A4628	A4628 EP	A	Medical Necessity	\$3.65
A4629	A4629 EP	A	Medical Necessity	\$4.61
A4631	E2362	A		\$91.98
A4631	E2360	A		\$109.96
A4631	E2364	A		\$109.96
A4631	E2365	A		\$112.17
A4631	E2361	A		\$139.47
A4631	E2363	A		\$186.00
A4631	E2366	A		\$263.62
A4631	E2367	A		\$419.08
A4927	A4927 EP	A	Medical Necessity & Invoice of Cost	MP
A6011	A6011 EP	A	Medical Necessity	\$2.28
A6020	A6020 EP	A	Medical Necessity & Invoice of Cost	MP

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A6021	A6021 EP	A	Medical Necessity	\$21.02
A6023	A6023 EP	A	Medical Necessity	\$190.30
A6024	A6024 EP	A	Medical Necessity	\$6.19
A6025	A6025 EP	A	Medical Necessity & Invoice of Cost	MP
A6154	A6154 EP	A	Medical Necessity	\$14.36
A6196	A6196 EP	A	Medical Necessity	\$7.35
A6197	A6197 EP	A	Medical Necessity	\$16.44
A6198	A6198 EP	A	Medical Necessity & Invoice of Cost	MP
A6199	A6199 EP	A	Medical Necessity	\$5.29
A6200	A6200 EP	A	Medical Necessity	\$9.50
A6201	A6201 EP	A	Medical Necessity	\$20.80
A6202	A6202 EP	A	Medical Necessity	\$34.88
A6203	A6203 EP	A	Medical Necessity	\$3.35
A6204	A6204 EP	A	Medical Necessity	\$6.23
A6205	A6205 EP	A	Medical Necessity & Invoice of Cost	MP
A6206	A6206 EP	A	Medical Necessity & Invoice of Cost	MP
A6207	A6207 EP	A	Medical Necessity	\$7.34
A6208	A6208 EP	A	Medical Necessity & Invoice of Cost	MP
A6209	A6209 EP	A	Medical Necessity	\$7.48
A6210	A6210 EP	A	Medical Necessity	\$19.92
A6211	A6211 EP	A	Medical Necessity	\$29.37
A6213	A6213 EP	A	Medical Necessity & Invoice of Cost	MP
A6214	A6214 EP	A	Medical Necessity	\$10.29
A6215	A6215 EP	A	Medical Necessity & Invoice of Cost	MP
A6217	A6217 EP	A	Medical Necessity & Invoice of Cost	MP
A6218	A6218 EP	A	Medical Necessity & Invoice of Cost	MP
A6219	A6219 EP	A	Medical Necessity	\$0.95
A6220	A6220 EP	A	Medical Necessity	\$2.58
A6221	A6221 EP	A	Medical Necessity & Invoice of Cost	MP
A6222	A6222 EP	A	Medical Necessity	\$2.13
A6223	A6223 EP	A	Medical Necessity	\$2.42
A6224	A6224 EP	A	Medical Necessity	\$3.61
A6228	A6228 EP	A	Medical Necessity & Invoice of Cost	MP
A6229	A6229 EP	A	Medical Necessity	\$3.61
A6230	A6230 EP	A	Medical Necessity & Invoice of Cost	MP
A6231	A6231 EP	A	Medical Necessity	\$4.68
A6232	A6232 EP	A	Medical Necessity	\$6.88
A6233	A6233 EP	A	Medical Necessity	\$19.19
A6234	A6234 EP	A	Medical Necessity	\$6.54
A6235	A6235 EP	A	Medical Necessity	\$16.82
A6236	A6236 EP	A	Medical Necessity	\$27.25
A6237	A6237 EP	A	Medical Necessity	\$7.91
A6238	A6238 EP	A	Medical Necessity	\$22.79
A6239	A6239 EP	A	Medical Necessity & Invoice of Cost	MP

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A6240	A6240 EP	A	Medical Necessity	\$12.24
A6241	A6241 EP	A	Medical Necessity	\$2.57
A6242	A6242 EP	A	Medical Necessity	\$6.07
A6243	A6243 EP	A	Medical Necessity	\$12.31
A6244	A6244 EP	A	Medical Necessity	\$39.28
A6245	A6245 EP	A	Medical Necessity	\$7.27
A6246	A6246 EP	A	Medical Necessity	\$9.92
A6247	A6247 EP	A	Medical Necessity	\$23.78
A6248	A6248 EP	A	Medical Necessity	\$16.24
A6251	A6251 EP	A	Medical Necessity	\$1.99
A6252	A6252 EP	A	Medical Necessity	\$3.25
A6253	A6253 EP	A	Medical Necessity	\$6.34
A6254	A6254 EP	A	Medical Necessity	\$1.21
A6255	A6255 EP	A	Medical Necessity	\$3.03
A6256	A6256 EP	A	Medical Necessity & Invoice of Cost	MP
A6261	A6261 EP	A	Medical Necessity & Invoice of Cost	MP
A6262	A6262 EP	A	Medical Necessity & Invoice of Cost	MP
A6266	A6266 EP	A	Medical Necessity	\$1.92
A6402	A6402 EP	A	Medical Necessity	\$0.12
A6403	A6403 EP	A	Medical Necessity	\$0.43
A6404	A6404 EP	A	Medical Necessity & Invoice of Cost	MP
A6421	A6421 EP	A	Medical Necessity	\$2.09
A6421	A6441 EP	A	Medical Necessity	\$2.09
A6422	A6422 EP	A	Medical Necessity	\$1.17
A6422	A6443 EP	A	Medical Necessity	\$1.17
A6424	A6424 EP	A	Medical Necessity	\$2.05
A6424	A6444 EP	A	Medical Necessity	\$2.05
A6426	A6426 EP	A	Medical Necessity	\$1.88
A6426	A6446 EP	A	Medical Necessity	\$1.88
A6428	A6428 EP	A	Medical Necessity	\$3.04
A6428	A6447 EP	A	Medical Necessity	\$3.04
A6430	A6430 EP	A	Medical Necessity	\$8.76
A6430	A6449 EP	A	Medical Necessity	\$8.76
A6432	A6432 EP	A	Medical Necessity & Invoice of Cost	MP
A6432	A6450 EP	A	Medical Necessity & Invoice of Cost	MP
A6434	A6434 EP	A	Medical Necessity & Invoice of Cost	MP
A6434	A6451 EP	A	Medical Necessity & Invoice of Cost	MP
A6436	A6436 EP	A	Medical Necessity	\$19.08
A6436	A6452 EP	A	Medical Necessity	\$19.08
A6438	A6438 EP	A	Medical Necessity & Invoice of Cost	MP
A6438	A6454 EP	A	Medical Necessity & Invoice of Cost	MP
A6440	A6440 EP	A	Medical Necessity	\$12.69
A6440	A6456 EP	A	Medical Necessity	\$12.69
A6501	A6501 EP	A	Medical Necessity & Invoice of Cost	MP

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
A6502	A6502 EP	A	Medical Necessity & Invoice of Cost	MP
A6503	A6503 EP	A	Medical Necessity & Invoice of Cost	MP
A6504	A6504 EP	A	Medical Necessity & Invoice of Cost	MP
A6505	A6505 EP	A	Medical Necessity & Invoice of Cost	MP
A6506	A6506 EP	A	Medical Necessity & Invoice of Cost	MP
A6507	A6507 EP	A	Medical Necessity & Invoice of Cost	MP
A6508	A6508 EP	A	Medical Necessity & Invoice of Cost	MP
A6509	A6509 EP	A	Medical Necessity & Invoice of Cost	MP
A6510	A6510 EP	A	Medical Necessity & Invoice of Cost	MP
A6511	A6511 EP	A	Medical Necessity & Invoice of Cost	MP
A6512	A6512 EP	A	Medical Necessity & Invoice of Cost	MP
A7501	A7501 EP	A	Medical Necessity	\$105.03
A7502	A7502 EP	A	Medical Necessity	\$49.91
A7503	A7503 EP	A	Medical Necessity	\$11.33
A7504	A7504 EP	A	Medical Necessity	\$0.67
A7505	A7505 EP	A	Medical Necessity	\$4.68
A7506	A7506 EP	A	Medical Necessity	\$0.33
A7507	A7507 EP	A	Medical Necessity	\$2.49
A7508	A7508 EP	A	Medical Necessity	\$2.87
A7509	A7509 EP	A	Medical Necessity	\$1.41
B4100	B4100 EP BO	A	Medical Necessity	MP
E0202	E0202 EP	T		\$62.30
E0316	E0316 EP	T	Prior Authorization & Invoice of Cost	MP
E0316	E0316 EP	A	Prior Authorization & Invoice of Cost	MP
E0445	E0445 EP	A	Prior Authorization	\$100.00
E0445	E0445 EP	T	Prior Authorization	\$280.00
E0602	E0602 EP	T	Medical Necessity & Invoice of Cost	MP
E0603	E0603 EP	T	Prior Authorization & Invoice of Cost	MP
E0870	E0870 EP	A	Prior Authorization & Invoice of Cost	MP
E0870	E0870 EP	T	Prior Authorization & Invoice of Cost	MP
E0991	E0981	0	Medical Necessity	MP
E0993	E0982	0	Medical Necessity	MP
E1037	E1037 EP	0	Medical Necessity & Invoice of Cost	MP
E1037	E1037 EP	T	Prior Authorization & Invoice of Cost	MP
E1037	E1037 EP	A	Prior Authorization & Invoice of Cost	MP
E1066	E2366	A		\$263.62
E1066	E2367	A		\$419.08
E1372	E1372 EP	A	Prior Authorization & Invoice of Cost	MP
E1372	E1372 EP	T	Prior Authorization & Invoice of Cost	MP
E1399	E1399 EP	0	Prior Authorization & Invoice of Cost	MP
E1399	E1399 EP	A	Prior Authorization & Invoice of Cost	MP
E1399	E1399 EP	T	Prior Authorization & Invoice of Cost	MP
E2000	E2000 EP	A	Prior Authorization & Invoice of Cost	MP
E2000	E2000 EP	T	Prior Authorization & Invoice of Cost	MP

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
K0016	E0973	A	Medical Necessity	\$163.00
K0022	E0976	A	Medical Necessity	\$46.46
K0025	E0966	A	Medical Necessity	\$62.00
K0028	E1226	A	Medical Necessity	\$504.84
K0029	E0975	A	Medical Necessity	\$46.03
K0030	E0992	A	Medical Necessity	\$76.00
K0031	E0978	A	Medical Necessity	\$39.00
K0035	E0951	A	Medical Necessity	\$14.00
K0048	E0990	A	Medical Necessity	\$129.00
K0049	E0995	A	Medical Necessity	\$30.40
K0079	E0961	A	Medical Necessity	\$14.00
K0082	E2360	A	Medical Necessity	\$109.96
K0083	E2361	A	Medical Necessity	\$139.47
K0084	E2362	A	Medical Necessity	\$91.98
K0085	E2363	A	Medical Necessity	\$186.00
K0086	E2364	A	Medical Necessity	\$109.96
K0087	E2365	A	Medical Necessity	\$112.17
K0088	E2366	A	Medical Necessity	\$263.62
K0089	E2367	A	Medical Necessity	\$419.08
K0103	E0972	A	Medical Necessity	\$43.34
K0556	L5673	A	Medical Necessity	\$600.75
K0557	L5679	A	Medical Necessity	\$500.61
K0558	L5681	A	Medical Necessity	\$1,055.81
K0559	L5683	A	Medical Necessity	\$1,055.81
S1040	S1040 EP	A	Medical Necessity & Invoice of Cost	MP
S8180	A7523 EP	A	Medical Necessity & Invoice of Cost	MP
S8180	S8180 EP	A	Medical Necessity & Invoice of Cost	MP
S8181	A7526 EP	A	Medical Necessity & Invoice of Cost	MP
S8181	S8181 EP	A	Medical Necessity & Invoice of Cost	MP
S8265	S8265 EP	A	Prior Authorization & Invoice of Cost	MP
Y9012	B4154 EP BA	A	Medical Necessity & Invoice of Cost	MP
Y9012	B4154 EP BO	A	Medical Necessity & Invoice of Cost	MP
Y9013	S9434 EP BA	A	Medical Necessity & Invoice of Cost	MP
Y9013	S9434 EP BO	A	Medical Necessity & Invoice of Cost	MP
Y9013	S9435 EP BA	A	Medical Necessity & Invoice of Cost	MP
Y9013	S9435 EP BO	A	Medical Necessity & Invoice of Cost	MP
Y9016	V5266 EP	A	Invoice of Cost	MP
Y9049	S9001 EP	T	Medical Necessity	MP
Y9050	E0240 EP	0	Medical Necessity & Invoice of Cost	MP
Y9050	E0240 EP	A	Prior Authorization & Invoice of Cost	MP
Y9050	E0240 EP	T	Prior Authorization & Invoice of Cost	MP
Y9054	A9270 EP	0	Medical Necessity & Invoice of Cost	MP
Y9054	A9270 EP	A	Medical Necessity & Invoice of Cost	MP
Y9054	A9270 EP	T	Medical Necessity & Invoice of Cost	MP

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
Y9055	E1399 EP	A	Prior Authorization & Invoice of Cost	MP
Y9055	E1399 EP	T	Prior Authorization & Invoice of Cost	MP
Y9055	E1399 EP	T	Prior Authorization & Invoice of Cost	MP
Y9082	B4150 EP BA	A	Medical Necessity	\$0.62
Y9082	B4150 EP BO	A	Medical Necessity	\$0.62
Y9083	B4150 EP BA	A	Medical Necessity	\$0.62
Y9083	B4150 EP BO	A	Medical Necessity	\$0.62
Y9084	B4150 EP BA	A	Medical Necessity	\$0.62
Y9084	B4150 EP BO	A	Medical Necessity	\$0.62
Y9084	B4152 EP BA	A	Medical Necessity	\$0.52
Y9084	B4152 EP BO	A	Medical Necessity	\$0.52
Y9085	B4154 EP BA	A	Medical Necessity & Invoice of Cost	MP
Y9085	B4154 EP BO	A	Medical Necessity & Invoice of Cost	MP
Y9086	B4150 EP BA	A	Medical Necessity	\$0.62
Y9086	B4150 EP BO	A	Medical Necessity	\$0.62
Y9086	B4152 EP BA	A	Medical Necessity	\$0.52
Y9086	B4152 EP BO	A	Medical Necessity	\$0.52
Y9087	B4150 EP BA	A	Medical Necessity	\$0.62
Y9087	B4150 EP BO	A	Medical Necessity	\$0.62
Y9089	B4150 EP BA	A	Medical Necessity	\$0.62
Y9089	B4150 EP BO	A	Medical Necessity	\$0.62
Y9089	B4152 EP BA	A	Medical Necessity	\$0.52
Y9089	B4152 EP BO	A	Medical Necessity	\$0.52
Y9090	B4155 EP BA	A	Medical Necessity	\$0.88
Y9090	B4155 EP BO	A	Medical Necessity	\$0.88
Y9091	B4150 EP BA	A	Medical Necessity	\$0.62
Y9091	B4150 EP BA	A	Medical Necessity	\$0.62
Y9091	B4150 EP BO	A	Medical Necessity	\$0.62
Y9091	B4150 EP BO	A	Medical Necessity	\$0.62
Y9092	B9998 EP BA	A	Medical Necessity & Invoice of Cost	MP
Y9092	B9998 EP BO	A	Medical Necessity & Invoice of Cost	MP
Y9097	L8501	A	Medical Necessity	\$96.88
Y9098	A9270 EP	A	Medical Necessity & Invoice of Cost	MP
Y9098	A9999 EP	A	Prior Authorization & Invoice of Cost	MP
Y9098	T1999 EP	A	Prior Authorization & Invoice of Cost	MP
Y9098	A4649 EP	A	Prior Authorization & Invoice of Cost	MP
Y9098	A9900 EP	A	Prior Authorization & Invoice of Cost	MP
Z0050	K0108	0	Prior Authorization	MP
Z0050	K0108	A	Prior Authorization	MP
Z0050	K0108	T	Prior Authorization	MP
Z0051	K0108	0	Prior Authorization	MP
Z0051	K0108	A	Prior Authorization	MP
Z0051	K0108	T	Prior Authorization	MP
Z0089	E0275	A	Medical Necessity	\$13.01

<b>Procedure Codes Deleted</b>	<b>Replacement Code</b>	<b>TOS</b>	<b>Reimbursement Guidelines</b>	<b>Medicaid Maximum Allowable Amount</b>
Z0090	E0325	A	Medical Necessity	\$4.20
Z0090	E0326	A	Medical Necessity	\$4.20
Z0095	K0042	A	Medical Necessity	\$30.97
Z0150	E1340	0	Medical Necessity	\$6.75
Z0910	E0910	T	Medical Necessity	\$19.00
Z0910	E0910	A	Medical Necessity	\$134.00
Z0910	E0910	0	Medical Necessity	MP
Z0993	K0073	A	Medical Necessity	\$34.30
Z0994	K0059	A	Medical Necessity	\$46.00
Z4001	L8435	A	Medical Necessity	\$18.67



ATTACHMENT E

<b>NEW PROCEDURE CODES</b>	<b>TYPE OF SERVICE</b>	<b>MODIFIER</b>	<b>REIMBURSEMENT GUIDELINES</b>	<b>ALLOWED AMOUNT</b>
A4216	A	EP	Medical Necessity & Invoice of Cost	MP
A4217	A	EP	Medical Necessity & Invoice of Cost	MP
A4248	A	EP	Medical Necessity & Invoice of Cost	MP
A6022	A	EP	Medical Necessity	\$21.02
A6212	A	EP	Medical Necessity	\$9.70
A6407	A	EP	Medical Necessity	\$1.88
A6442	A	EP	Medical Necessity	\$0.67
A6445	A	EP	Medical Necessity	\$1.40
A6448	A	EP	Medical Necessity	\$5.82
A6453	A	EP	Medical Necessity	\$2.93
A6455	A	EP	Medical Necessity	\$7.13
A6550	A	EP	Medical Necessity	\$28.00
A6551	A	EP	Medical Necessity & Invoice of Cost	\$25.05
A7524	A	EP	Medical Necessity & Invoice of Cost	MP
A9999	T	EP	Prior Authorization & Invoice of Cost	MP
A9999	0	EP	Medical Necessity & Invoice of Cost	MP
B4151	A	EP BA	Medical Necessity	\$1.45
B4151	A	EP BO	Medical Necessity	\$1.45
B4153	A	EP BA	Medical Necessity	\$1.76
B4153	A	EP BO	Medical Necessity	\$1.76
B4156	A	EP BA	Medical Necessity	\$1.25
B4156	A	EP BA	Medical Necessity	\$1.25
E0118	A		Medical Necessity & Invoice of Cost	MP
E0140	A		Medical Necessity & Invoice of Cost	MP
E0140	T		Medical Necessity & Invoice of Cost	MP
E0140	0		Medical Necessity & Invoice of Cost	MP
E0190	A		Medical Necessity & Invoice of Cost	MP
E0300	A	EP	Prior Authorization & Invoice of Cost	MP
E0300	T	EP	Prior Authorization & Invoice of Cost	MP
E0300	0	EP	Medical Necessity & Invoice of Cost	MP
E0638	A	EP	Prior Authorization & Invoice of Cost	MP
E0638	0	EP	Medical Necessity & Invoice of Cost	MP
E0910	0		Medical Necessity	MP
E0955	A		Medical Necessity	MP
E0956	A		Medical Necessity	MP
E0957	A		Medical Necessity	MP
E0960	A		Medical Necessity	MP
E0983	A		Prior Authorization	MP
E0984	A		Prior Authorization	MP
E0986	A		Prior Authorization	MP
E1002	A		Prior Authorization	MP

<b>NEW PROCEDURE CODES</b>	<b>TYPE OF SERVICE</b>	<b>MODIFIER</b>	<b>REIMBURSEMENT GUIDELINES</b>	<b>ALLOWED AMOUNT</b>
E1003	A		Prior Authorization	MP
E1004	A		Prior Authorization	MP
E1005	A		Prior Authorization	MP
E1006	A		Prior Authorization	MP
E1007	A		Prior Authorization	MP
E1008	A		Prior Authorization	MP
E1009	A		Prior Authorization	MP
E1010	A		Prior Authorization	MP
E1028	A		Prior Authorization	MP
E1029	A		Prior Authorization	MP
E1030	A		Prior Authorization	MP
E1038	A	EP	Prior Authorization & Invoice of Cost	MP
E1038	T	EP	Prior Authorization & Invoice of Cost	MP
E1038	0	EP	Medical Necessity & Invoice of Cost	MP
E2201	A		Prior Authorization	MP
E2202	A		Prior Authorization	MP
E2203	A		Prior Authorization	MP
E2204	A		Prior Authorization	MP
E2310	A		Prior Authorization	MP
E2311	A		Prior Authorization	MP
E2320	A		Prior Authorization	MP
E2321	A		Prior Authorization	MP
E2322	A		Prior Authorization	MP
E2323	A		Prior Authorization	MP
E2324	A		Prior Authorization	MP
E2325	A		Prior Authorization	MP
E2326	A		Prior Authorization	MP
E2327	A		Prior Authorization	MP
E2328	A		Prior Authorization	MP
E2329	A		Prior Authorization	MP
E2330	A		Prior Authorization	MP
E2331	A		Prior Authorization	MP
E2340	A		Prior Authorization	MP
E2341	A		Prior Authorization	MP
E2342	A		Prior Authorization	MP
E2343	A		Prior Authorization	MP
E2351	A		Prior Authorization	MP
E2399	A		Prior Authorization	MP
E2402	A	EP	Prior Authorization	MP
E2402	T	EP	Prior Authorization	MP
E2402	0	EP	Prior Authorization	MP
K0552	A	EP		\$2.71
K0552	A			\$2.71
K0606	A	EP	Prior Authorization & Invoice of Cost	MP
K0606	T	EP	Prior Authorization & Invoice of Cost	MP

<b>NEW PROCEDURE CODES</b>	<b>TYPE OF SERVICE</b>	<b>MODIFIER</b>	<b>REIMBURSEMENT GUIDELINES</b>	<b>ALLOWED AMOUNT</b>
K0607	A	EP	Medical Necessity & Invoice of Cost	MP
K0608	A	EP	Prior Authorization & Invoice of Cost	MP
K0609	A	EP	Prior Authorization & Invoice of Cost	MP
K0618	A		Prior Authorization & Invoice of Cost	MP
K0619	A		Prior Authorization & Invoice of Cost	MP
K0620	A	EP	Prior Authorization & Invoice of Cost	MP
L0112	A	EP	Prior Authorization & Invoice of Cost	MP
L0861	A		Prior Authorization	MP
L1831	A		Medical Necessity	MP
L1907	A		Medical Necessity	MP
L1951	A		Medical Necessity	MP
L1971	A		Medical Necessity	MP
L3031	A		Medical Necessity	MP
L3917	A		Medical Necessity	MP
L8511	A		Medical Necessity & Invoice of Cost	MP
L8512	A		Medical Necessity & Invoice of Cost	MP
L8513	A		Medical Necessity & Invoice of Cost	MP
L8514	A		Medical Necessity & Invoice of Cost	MP
S5560	A		Invoice of Cost	MP
S5561	A		Invoice of Cost	MP
T5001	A	EP	Prior Authorization & Invoice of Cost	MP
T5999	A	EP	Prior Authorization & Invoice of Cost	MP